

MILWAUKEE
MILW CO DSS

P*R*O*P*O*S*E*D

NOTICE OF DECISION

State of Wisconsin

1812 W OVERTURE AVE
MILWAUKEE WI 53205

ENVELOPE 01
QUESTIONS: Ask your Worker.

Date: 10/09/03
Case Name: JOHNNY KULKOWLON
Case Number: 4000512749
Worker Name: ED DILLON
Worker No: XCT049
Telephone: (414)-643-2322

JOHNNY KULKOWLON
433 W WASHINGTON AVE
MADISON WI 53703

CNES

Dear JOHNNY KULKOWLON,

This notice informs you of your eligibility for all the programs of assistance available to you (and your family) and gives reasons if you are not eligible to receive them. The notice is divided into two sections. Section 1 gives a summary of the information contained in this notice for each program of assistance for which your eligibility determination is complete. Section 2 lists each program of assistance individually and shows the calculation of the budget and the resulting benefit (when applicable). The information in Section 2 may be received in more than one envelope.

DISABILITY OR OTHER NEED: If you have a disability, you can ask for help. The name of the person who can help you is listed at the top of this letter.

APPEAL RIGHTS: If you have questions or think this action is wrong, call the person listed at the top of this letter. Also, you have the right to ask for an appeal.

Fair Hearing: If you disagree with this decision, you can ask for a Fair Hearing and/or W-2/Child Care Fact Finding. Please read Your Rights and Responsibilities for Wisconsin Works Services, Medical Assistance and Food Stamps on the next page for more information. If you will need a language translator, sign language interpreter, or other accommodation for a disability during the Hearing, please include that information in your written request for a Fair Hearing.

SECTION 1 - Notice Eligibility Summary

In the summary below, "Y" means you are eligible; "N" means you are not eligible, or you did not apply for the assistance; "M" means you are eligible if you meet a Medicaid deductible.

Medicaid For Families (Including Badgercare)

	Oct 2003	Nov 2003
JOSIE KULKOWLON	Y	Y
JOHNNY KULKOWLON	Y	Y
ROSIE KULKOWLON	M	M

RIGHTS

AND

RESPONSIBILITIES

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Please call the Milwaukee County Change Reporting Center at:
(414) 267-3500 to report changes for:

Food Stamps
Medical Assistance
Child Care

For W2-related changes, please continue to contact your W2 worker.

If you are newly eligible for Medicaid, BadgerCare or Family Planning Waiver, you will get an identification card, called a Forward card. Read your Eligibility and Benefits booklet to find information on how to use it. If you already have a Forward card, you should keep using that card. The card must be shown to your health care provider each time that you get health care. If you have gotten services since 10/01/2003, tell your provider that you are now eligible for Medicaid, BadgerCare or Family Planning Waiver. If you have paid bills for the services, the provider may pay you back if the services are covered under the benefit program. If you have questions about your identification card, or need a new one, call 1-800-362-3002, toll-free. TTY and translation services are available.

SECTION 2

INFORMATON ABOUT YOUR FAMILY MEDICAID/BADGERCARE COVERAGE FOR OCTOBER 2003

AFAM

When you apply for Medicaid or BadgerCare we are required by law to look at all categories of Medicaid to find the best benefit for you. This Family Medicaid section includes information about your eligibility in Badger Care, Healthy Start, AFDC-Medicaid, AFDC-Related Medicaid, Medicaid Extensions and the Continuous Eligible Newborn programs.

We have evaluated your request for Family Medicaid coverage. This section details your eligibility for the month of October 2003 only.

Eligible Individuals:

JOSIE KULKOWLON

JOHNNY KULKOWLON

-(This individual has a monthly premium requirement. See details below)

Ineligible Individuals:

ROSIE KULKOWLON

-(You may be eligible for an MA Deductible. If you are eligible for an MA Deductible, a detailed MA Deductible determination will be attached.)

-Chose to meet a MA deductible rather than BadgerCare.

Laws: 49.46 STS

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JOHNNY KULKOWLON - Your premium for 10/2003 is \$ 0.00. You will receive additional information on how your premiums are paid and when they are due.

FAMILY MEDICAID COVERAGE SUPPORTING BUDGET DATA

This financial calculation below applies to the following individual(s):

JOHNNY KULKOWLON (BC)

For Benefit from 10/01/2003 through. 10/31/2003

Self Employment earnings . . . . .	.00	Eligible Members	+ 1
Employment Earned Income . . . . .	.00	Counted members.	+ 1
Student Earned Inc Exclusions. . . . .	.00	Test Child Count	+ 1
Gross Earned Income . . . . .	.00	Fetus Count.	+ 1
Work Related Expenses . . . . .	.00	AG Group Size.	= 4
Excess Self Employment Exp . . . . .	.00		
Dependent Care Expenses. . . . .	.00	Elig Test FPL %.	185%
Net Earned Income . . . . .	.00	Income Limit	2836.67
Unearned Income	1600.00		
Child Support Income . . . . .	.00	Free Month.	Y
Child Support Disregard . . . . .	.00	Premium Inc Limit.	2300.00
Countable Net Income	1600.00	Premium Required.	N

Premium Amount For The Month 60.00

This financial calculation below applies to the following individual(s):

ROSIE KULKOWLON (NAOR)

For Benefit from 10/01/2003 through. 10/31/2003

Earned Income.		0.00	
Employment Deduction. . . . -		0.00	
Dependent Care Deduction. . -		0.00	
Net Earned Income.	=	0.00	
Unearned Income.	+	500.00	
Child Support/Maintenance Paid -		0.00	
Child Support Disregard. . . . -		0.00	
Excess Self Employment Expense -		0.00	
Allocatable Income	=	500.00	
Income Allocated Out. . . . -		0.00	
Income Allocated In +		799.99	
Your Budgetable Net Income . . =		1299.99	MA Income Limit . . . 229.77
Your Income Over Income Limit		1070.22	

**INFORMATON ABOUT YOUR FAMILY MEDICAID/BADGERCARE COVERAGE
BEGINNING NOVEMBER 2003**

AFAM

When you apply for Medicaid or BadgerCare we are required by law to look at all categories of Medicaid to find the best benefit for you. This Family Medicaid section includes information about your eligibility in Badger Care, Healthy Start, AFDC-Medicaid, AFDC-Related Medicaid, Medicaid Extensions and the Continuous Eligible Newborn programs.

We have evaluated your request for Family Medicaid coverage. This section details your eligibility beginning November 2003.

Eligible Individuals:

JOSIE KULKOWLON

JOHNNY KULKOWLON

-(This individual has a monthly premium requirement. See details below)

Ineligible Individuals:

ROSIE KULKOWLON

-(You may be eligible for an MA Deductible. If you are eligible for an MA Deductible, a detailed MA Deductible determination will be attached.)

-Chose to meet a MA deductible rather than BadgerCare.

Laws: 49.46 STS

JOHNNY KULKOWLON - Your premium for 11/2003 is \$60.00. You will receive additional information on how your premiums are paid and when they are due.

FAMILY MEDICAID COVERAGE SUPPORTING BUDGET DATA

This financial calculation below applies to the following individual(s):

JOHNNY KULKOWLON (BC)

For Benefit from 11/01/03

Self Employment earnings :	.00	Eligible Members . . : + 1
Employment Earned Income :	.00	Counted members. . . : + 1
Student Earned Inc Exclusions. . . :	.00	Test Child Count . . : + 1
Gross Earned Income :	.00	Fetus Count. : + 1
Work Related Expenses :	.00	AG Group Size. . . . : = 4
Excess Self Employment Exp . . . :	.00	
Dependent Care Expenses. :	.00	Elig Test FPL % . . . : 185%
Net Earned Income :	.00	Income Limit : 2836.67
Unearned Income :	1600.00	
Child Support Income :	.00	Free Month. : N
Child Support Disregard :	.00	Premium Inc Limit. . : 2300.00
Countable Net Income :	1600.00	Premium Required. . : Y
Premium Amount For The Month . . :	60.00	

This financial calculation below applies to the following individual(s):

ROSIE KULKOWLON (NAOR)

For Benefit from	11/01/2003	
Earned Income.	0.00	
Employment Deduction. . . . -	0.00	
Dependent Care Deduction. . -	0.00	
Net Earned Income.	= 0.00	
Unearned Income.	+ 500.00	
Child Support/Maintenance Paid -	0.00	
Child Support Disregard. . . . -	0.00	
Excess Self Employment Expense -	0.00	
Allocatable Income	= 500.00	
Income Allocated Out. . . . -	0.00	
Income Allocated In +	799.99	
Your Budgetable Net Income . . =	1299.99	MA Income Limit . . . 229.77
Your Income Over Income Limit	1070.22	

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Medicaid (MA) Deductible Notice

ROSIE KULKOWLON - Your Deductible for FAMILY MEDICAID for the deductible period from 11/03 to 04/04 is \$6421.32. If you have and report medical expenses that meet or exceed your MA deductible, you may receive an MA card for Medically Needy coverage.

Medicaid (MA) Deductible

MONTH	AMOUNT
11/03	1070.22
12/03	1070.22
01/04	1070.22
02/04	1070.22
03/04	1070.22
04/04	1070.22
TOTAL MA DEDUCTIBLE	6421.32
